

Adult Volunteer Application

Name _____
Last First Middle

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Best time to be contacted _____

Number of hours available per week _____ Prefer: AM PM

Best Day(s) to serve: Mon Tues Wed Thurs Fri Sat Sun

Position applying for _____

Present parishioner _____ Yes _____ No _____ In membership process

Volunteer positions held in the past _____

Occupation _____

Employee _____ Full-time / Part-time

Vehicle Make and car insurance information _____

What skills, spiritual gifts, or talents do you have which might be useful in this position?

What training or experiences do you have which might be useful in this position?